2004 NATIONAL CRIME VICTIMS' RIGHTS WEEK (NCVRW)

April 18-24, 2004 Community Awareness Projects



Fax to NCVRW Committee at (202) 514-6383 or (202) 305-2440 by December 5, 2003.

NCVRW PROPOSAL APPLICATION

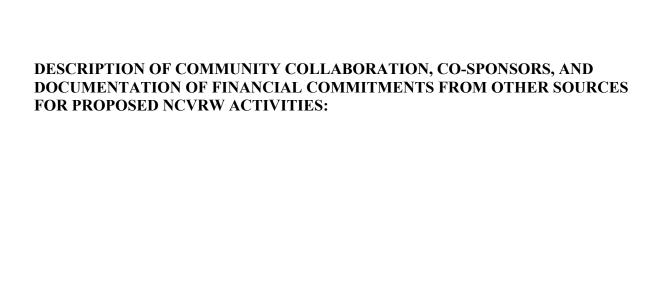
Full Name of Applicant	
Organization	
Mailing Address	
City	
State	
ZIP	
Telephone Number ()	
FAX Number ()	
E-Mail	

PROPOSAL COMPONENTS

ORGANIZATION'S MISSION STATEMENT:

BACKGROUND INFORMATION ABOUT THE ORGANIZATION/COALITION: If you require additional space, attach additional pages.

DESCRIPTION OF PLANNED NCVRW ACTIVITIES AND INTENDED USE OF FUNDS:
If you require additional space, attach additional pages.



If you require additional space, attach additional pages.

STATEMENT OF NEED:

If you require additional space, attach additional pages.

BUDGET:

If you require additional space, attach additional pages.

Fax Completed Form to OVC: (202) 514-6383 (202) 305-2440

CERTIFICATION

The organization's authorized represen consideration.	tative must sign below; otherwise the application will not be accepted for
Applicant's Name (PRINTED)	
Signature of Applicant	_
Date	
Title	_

